

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

OFFICE OF THE CLERK

*Clarkson S. Fisher U.S. Courthouse
402 East State Street Room 2020
Trenton, New Jersey 08608*



CAMDEN OFFICE

*Mitchell H. Cohen U.S. Courthouse
One John F. Gerry Plaza
Fourth & Cooper Streets Room 1050
Camden, N.J. 08101*

NEWARK OFFICE

*Martin Luther King Jr. Federal Bldg &
U.S. Courthouse
50 Walnut Street, P.O. BOX 419*

Reply To: TRENTON

October 6, 2009

Charles A. Reid, III
Drinker Biddle & Reath
500 Campus Drive
Florham Park, NJ 07932

Jennifer Lynn Del Medico
Jones Day
222 East 41st Street
New York, NY 10017

Michelle Louise Tiger
Kline & Specter PC
1525 Locust Street, 19th Floor
Philadelphia, PA 19102

Re: IN RE: MENTOR CORP. OBTAPES TRANSOBTURATOR SLING PRODUCTS LIABILITY
LITIGATION
Civil Action No. 09-3073 (JAP)

To the Above Named Counsel:

Please be advised the proposed findings and recommendations were filed with the Court by the
Honorable Tonianne J. Bongiovanni United States Magistrate, on 10/06/2009.

A copy of the proposed findings and recommendations are enclosed herewith.

You may serve on your adversary and file with the Court written objections to such proposed findings
and recommendations within ten (10) days of the receipt of a copy of the proposed findings and
recommendations.

Very truly yours,
WILLIAM T. WALSH, CLERK

By: Gina Hernandez-Buckley
Deputy Clerk

Enclosure

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Charles A. Reid, III
 Drinker Biddle & Reath
 500 Campus Drive
 Florham Park, NJ 07932

2. Article Number

(Transfer from serv)

7005 0390 0003 6259 2001

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michelle Louise Tiger
 Kline & Specter PC
 1525 Locust Street, 19th Fl.
 Philadelphia, PA 19102

2. Article Number

(Transfer from serv)

7005 0390 0003 6259 1998

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jennifer Lynn Del Medico
 Jones Day
 222 East 41st Street
 New York, NY 10017

2. Article Number

(Transfer from serv)

7005 0390 0003 6259 1981

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes